Application or Docket Number

PATENT APPLICATION FEE DETERMINATION HEOSENS COPY

Effective October 1, 2000

CLAIMS AS FILED - PART I SMALL ENTITY OTHI											OTHER	THAN
			(Column 1)		(Column 2)			TYPE		OR	SMALL	
TOTAL CLAIMS			9				F	RATE	FEE		RATE	FEE
FOR .			NUMBER FILED		NUMBE	R EXTRA	BA	SIC FEE	355.00	OR	BASIC FEE	·710.00
ΤΟ	TAL CHARGEA	BLE CLAIMS	ج minus 20=		*		\[\frac{1}{2}\]	(\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	て minus 3 =		*		>	X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							+	135=		OR	+270=	
* If the difference in column 1 is less than zero, enter					r "0" in co	olumn 2	T	OTAL	788	OR	TOTAL	
CLAIMS AS AMENDED - PART II										ı	OTHER	THAN
(Column 1) (Column 2) (Column 3)								MALL E	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	>	(\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CL AIM	= -		K40=		OR	X80=	
L	TINGT FREGE	NIATION OF W	OLIN LE DEI	LIVULIN	T OLANVI		+	135=		OR	+270=	
							<u> </u>	TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	AUL	OIT. FEE			AUUII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	×	(\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		<u> </u>	 	<40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	TCLAIM		-	135=		OR	+270=	-
								TOTAL		OR	TOTAL	
			ADD	DIT. FEE		On	ADDIT. FEE					
<u></u>		(Column 1) CLAIMS			mn 2) HEST	(Column 3)	_					
AMENDMENT C		REMAINING AFTER AMENDMENT	193 244 44	NUN PREVI	MBER IOUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	×	(\$ 9=	· - ·	or	X\$18=	
AME	Independent	The state of the s	Minus	***	IT CLAUA	<u> </u> =	>	(40=		OR	X80=	
-	Trinoi Pricot	ENTATION OF N	IOLITE DE	- CIADEIN	II CLAHVI			135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE												
	"If the "Highest No	imber Previously I umber Previously I mber Previously P	Paid For" IN THI	S SPACE	is less tha	an 3, enter "3."	٨٥٤	OIT. FEE in the app	oropriate bo	•	ADDIT. FEE lumn 1.	